

# Building for the Future of Arkansas Children



Arkansas Department of Human Services  
Division of Child Care  
and Early Childhood Education  
Donaghey Plaza South MS 5140  
700 Main Street  
P.O. Box 1437  
Little Rock, AR 72203-1437

## THE STATE OF ARKANSAS CHILDREN

- More than 181,585 children under age five live in Arkansas.<sup>1</sup>
- Of these, more than 30 percent live in poverty.<sup>2</sup>
- About one-third of all young children live in single-parent households.<sup>3</sup>
- Two-thirds of all Arkansas mothers with children under age five work.<sup>4</sup>
- About 45 percent of all three- and four-year-olds are enrolled in nursery school, preschool, or Kindergarten.<sup>5</sup>
- About 38 percent of all 4th grade students scored below the basic level in math/science in 2000.<sup>6</sup>
- A majority of Arkansas voters believe a child's experiences during the first five years are important to their later ability to do well in school.<sup>7</sup>
- More than 72 percent of Arkansas citizens believe that the years under age five are the most important years for developing a child's capacity to learn.<sup>8</sup>
- A majority of Arkansas voters believe that early childhood education should be available to all families with children ages three and four.<sup>9</sup>
- About 60 percent of Arkansas citizens said they would pay higher taxes to ensure that all three- and four-year-olds had access to free, quality early childhood education.<sup>10</sup>

## A Strategic Solution

The Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, is proud to share this five-year strategic plan for ensuring that all of our youngest citizens and their families have the services and supports they need to develop to their full potential. This document complements and builds on the work of the School Readiness Indicators Initiatives—Making Progress for Young Children, the Blue Ribbon Commission on Education, the State Board of Education Advisory Report, and the work of advocates for early care and education.

**The Process.** This strategic plan was developed utilizing the Casey Strategic Model of a beliefs-based performance management system. Like Arkansas' other efforts in early childhood, the system focuses on clearly articulating basic beliefs about our work and identifying gaps between what is and what we would like it to be. Additional information about the beliefs-based performance management system can be found in Appendix A (pages 32-33).

While developed within the Division of Child Care and Early Childhood Education, the plan incorporates goals and activities of other departments and organizations, including the Department of Education, Head Start, Department of Health, the Arkansas Early Childhood Commission, Arkansas Department of Economic Development, Department of Special Education Services, Arkansas Advocates for Children and Families, DHS Division of County Operations, and DHS Division of Children and Family Services. The strategic plan is designed to ensure that all Arkansas children have the opportunities to be healthy, happy, grow, and learn.



More than  
181,585 children  
under age five  
live in  
Arkansas.

Four shared general beliefs arose from the planning process:

- **Every child deserves a safe, healthy, and high quality learning environment.**
- **Healthy communities support strong children and families.**
- **Empowered clients and staff help themselves.**
- **Providing high quality services that work is a shared responsibility.**

Examining actions in light of these beliefs will enable each individual—both inside and outside the division—to identify how the work that they do every day supports these ambitious goals. Over the course of the next five years, the Division of Child Care and Early Childhood Education (DCC/ECE) management and staff will meet regularly to evaluate our progress and make adjustments as necessary. In addition, these briefing updates will include discussion of the most recent research on best practices, promote accountability among all parties, and provide opportunities to share new ideas about how to ensure that our shared beliefs become the new way of how we work to support children and their families.

**The Research.** The research is clear. Young children need:

- Loving parents.
- Nurturing relationships with caring adults.
- Safe, stable, stimulating environments.
- Opportunities to explore and learn.
- To be read to, played with, cuddled, and sung to.
- Adequate health care and food.

In short, research confirms two critical factors that impact the development of the brain and children's subsequent success or failure—early experiences and early relationships. Both matter.<sup>11</sup>

Children raised in safe, stimulating environments are more confident, more independent, more creative, and more willing to take growth-producing risks than children without the opportunities to build the neural connections that support these traits. In contrast, extensive research on children who were raised in less stimulating environments documents that their brains can be 20-30 percent smaller than that of an average child.<sup>12</sup>

Similarly, relationships matter. The National Research Council describes relationships as the active ingredients of healthy social and emotional development. Relationships help children understand the world and people around them. They determine whether children will form secure attachments to their caregivers, thus feeling secure in exploring their world, or insecure attachments leading to constant fears, lack of trust, and the lack of confidence they need to succeed.<sup>13</sup>

Finally, there is growing evidence that investments in early childhood interventions are sound social policy and good economics. Various studies indicate a range of long-term savings that far exceed government's original investment. These savings accumulate by diverting children and adolescents from welfare and crime, by reducing their need for special education and extensive health services, and by increasing earnings thus generating higher tax revenues. This body of research also confirms that quality interventions carefully targeted to children who need the most help are the most likely to produce savings that will exceed initial costs.<sup>14</sup>

Dr. James J. Heckman, the 2000 Nobel Laureate in Economic Sciences and currently serving as the Henry Schultz Distinguished Service Professor of Economics at the University of Chicago, makes a compelling case for increasing investments in the early years.

Learning starts in infancy, long before formal education begins, and continues throughout life. Recent research in psychology and cognition demonstrates how vitally important the early preschool years are for skill formation. Significantly, this is a time when human ability and motivation are shaped by families and non-institutional environments. Early learning begets later learning and





early success breeds later success, just as early failure breeds later failure. Success or failure at this stage lays the foundation for success or failure in school, which in turn leads to success or failure in post-school learning. Therefore, formal or institutional education is only one aspect of the learning process, albeit an important one, and recent research indicates that it is not necessarily the most important one.<sup>15</sup>

According to Dr. Heckman, “the real question is how to use the available funds wisely. The best evidence supports the policy prescription: Invest in the very young.”<sup>16</sup>

This document highlights the beliefs, outcomes, measures, and interventions that will help ensure that all of Arkansas’ children have the essential ingredients for future success. Working together, we can achieve this mission.

*“Government likes to begin things - to declare grand new programs and causes. But good beginnings are not the measure of success. What matters in the end is completion. Performance. Results. Not just making promises, but making good on promises.”*

President George W. Bush

## Shared General Belief 1: Every child deserves a safe, healthy, and high quality learning environment.

### The Facts.

- More than 75 percent of Arkansas’ children ages 0-5 have parents in the workforce.<sup>17</sup>
- Poor families—those with incomes below the federal poverty level—spend at least 18 percent of their income for child care compared to 7 percent spent by non-poor families—those with incomes about 200 percent of the federal poverty level.<sup>18</sup>
- Arkansas’ children spend their time in a variety of settings: about 27 percent are at home, about 31 percent are in informal care arrangements, and about 42 percent are in formal or licensed care.<sup>19</sup>
- Currently, about 16 percent of all children in low- and lower-middle income families receive help in paying for child care.<sup>20</sup>
- Only 16 percent of Arkansas’ licensed child care settings are rated as “quality.”<sup>21</sup>

More than 30  
percent of  
children under  
five in Arkansas  
live in poverty.

About one-third  
of all young  
children live in  
single-parent  
households.

### *The Research.*

Research confirms that high quality learning environments have a significant impact on young children's well-being, including both short- and long-term improvements in cognitive skills and behavior; reductions in the use of special education; fewer grade repetitions; and increases in high school graduation. The research also clearly indicates that the most vulnerable children, especially those in poverty, benefit the most from these interventions.

### *The Context.*

Unfortunately, too many of Arkansas' children are growing up in environments that are not rich in opportunities for them to grow and learn. This is partly due to the lack of high quality early care and education programs for many working parents, especially for poor families. It is also partly due to the lack of information about the importance of the first few years of life and parents and caregivers knowledge about how simple interactions—holding, playing, reading, and talking—with young children can increase the connections in the brain to build a solid foundation for future success.

Our first shared belief—"every child deserves a safe, healthy, and high quality learning environment"—is built on an ambitious agenda to obtain \$80 million in new funding to make high quality learning environments more accessible to families who work, especially families in poverty. Our success will be judged by four key performance measures.

- All children, birth through age five, will have access to high quality child care.
- At least 75 percent of all entering kindergartners will be successful on the kindergarten indicators assessment.
- Incidences of serious licensing deficiencies by county will decrease.
- Every effort will be made to ensure that all young children in child protective services and foster care have access to quality learning environments.

Chart 1 outlines specific beliefs, outcomes, measures, and interventions to support and help us achieve our first shared belief.



## Shared General Belief 1: Every child deserves a safe,

## healthy, and high quality learning environment.

### Specific Belief

Financial support for early care and education is growing.

### Outcome

Businesses, foundations, legislators, and the public support quality early childhood care and education as critical to school success.

### Measures

**Measure:** Obtain \$100 million in new funding for early care and education (\$40 million approved by Special Legislative Session on February 6, 2004 that will serve 7,000 additional children).

### Impact Measures

**Impact Measure 1:** Obtain \$20 million per year in additional funding to increase the number of children served in high quality early care and education settings by 15,297.<sup>1</sup>

<sup>1</sup>See Appendix B for the definition of quality care and education.

High quality learning environments prepare young children for school success.

Children entering kindergarten are ready for school success.

**Measure:** All children, birth through age 5, will have access to high quality care:

**Impact Measure 1:** Appoint task force and design study to consider and make recommendations by July 2006 in the following areas:

- Arkansas Early Childhood Comprehensive Systems Initiative related to quality indicators and levels of care.
- Analysis of cost factors as related to quality indicators and real cost of early care.

**Measure:** 75 percent of entering kindergartners are successful on the kindergarten indicators assessment.

**Impact Measure 1:** Analyze data, prepare program improvement plan, and implement by January 2004.

**Measure:** Decrease incidence of serious licensing deficiencies by county/licensing caseload.

**Impact Measure 1:** Beginning in January 2004, measure the number of licensing violations in the areas of:

- Staff/child ratio.
- Lack of supervision.
- Inappropriate behavioral management.

### Interventions

- Continue our collaborative work with our early childhood partners to increase public awareness about the importance of quality early care and education for Arkansas children.
- Actively participate in the 2005-2007 Legislative Sessions.
- Continue the annual Governor's Family Friendly Awards Program.
- Develop a Community Corporate Champions Program.
- Establish rules and regulations for the Early Care and Education Trust Fund.
- Document known risk factors to school success (Children and Child Care Issues Data Book and School Readiness Indicators).
- Seek out federal grants that support our strategic plan.
- Distribute the Early Childhood Frameworks and Family Connections Activity Packets to informal caregivers and parents choosing to care for their own children.

- Establish task force as a part of the Arkansas Early Childhood Comprehensive Systems Initiative to study levels of care, incentives, and cost factors.
- Develop plan.
- If necessary, determine feasibility through pilot project and/or interim steps.
- Report to Arkansas Early Childhood Commission.
- If warranted, make recommendations for legislative initiatives.

- Implement and evaluate pilot assessment project.
- Implement assessment project statewide.
- Use assessment data to develop training and technical assistance strategies to address identified needs.
- Develop and distribute materials to parents and providers about the skills young children need to be "ready" for kindergarten.

- Enhance the current Child Care Licensing Eligibility and Nutrition (CLEAN) Reports System to gather accurate data about deficiencies.
- Establish baseline for data analysis by June 2004.
- Conduct training, consultation, and provide mentoring as needed.
- Implement corrective action plans in response to serious deficiencies.
- Use the "Menu of Sanctions" for Provider Non-Compliance/No Improvement.
- Conduct provider and parent satisfaction surveys to measure program response and effectiveness.
- Provide consistent feedback to DCC/ECE Units.



## Shared General Belief 1: Every child deserves a safe,

## healthy, and high quality learning environment.

### Specific Belief

(Continued)  
High quality learning environments prepare young children for school success.

### Outcome

(Continued)  
Children entering kindergarten are ready for school success.

### Measures

Measure: Every effort will be made to ensure that all young children in child protective services and foster care have access to quality learning environments.

### Impact Measures

Impact Measure: Increase the number of children in child protective services and foster care who participate in high quality early care and education programs by 10% each year.

### Interventions

1. Establish baseline for data analysis.
2. Establish interdepartmental team to develop strategies for increasing enrollment of the target group in high quality programs.
3. Develop action plan for implementing the strategies for increasing child placement in quality care settings.
4. Educate child protective services staff, foster care staff, and foster care parents about the importance of stimulating environments on child development and how to access appropriate services.
5. Provide staff training on how to include child development services in case planning and service delivery.
6. Work in partnership with child protective services and foster care staff to monitor child placements.
7. Monitor and evaluate progress.

## Shared General Belief 2: Healthy communities support strong children and families.

### The Facts.

- More than 5,000 children in 3,000 families are on a waiting list for help in paying for child care.<sup>22</sup>
- The poorest 20 percent of Arkansas' families may spend up to 32 percent of their income on child care for one child.<sup>23</sup>
- More than 30 percent of Arkansas' children live in neighborhoods with high poverty rates.<sup>24</sup>
- About 21 percent of our children live in neighborhoods with a high rate of high school dropouts.<sup>25</sup>
- More than 10 percent of Arkansas' children live in neighborhoods with a high rate of working-age males who are unemployed.<sup>26</sup>
- About 19 percent of our children live in neighborhoods with a high rate of female-headed families.<sup>27</sup>

### The Research.

Numerous studies have confirmed that distressed neighborhoods—those with high poverty rates, high percentages of female-headed households, high percentages of high school dropouts, and high percentages of males unattached to the labor force—have a significant and lasting impact on many important outcomes for children. The research and common sense

tell us that communities—the places where children live and grow—determine who they play with; whether libraries are available; the quality of the schools they attend; and the availability and quality of early care and education.

Communities also determine whether children have safe places to play and explore, they are exposed to violence; families have adequate housing; and adults have opportunities to work. Finally, communities provide role models that may influence whether a child likes school and wants to go to college or whether he or she becomes a teen parent, drifts from job to job, or commits crimes.<sup>28</sup>

### The Context.

As indicated above, too many of Arkansas' most vulnerable children are growing up in distressed communities without the supports they need to thrive. One strategy for enhancing communities and increasing opportunities for young children to develop the skills they need to succeed is developing partnerships. No one system, agency, or organization has the expertise or resources that are needed to ensure that every child regardless of where they live or who is caring for them—has safe, stable, stimulating environments to explore with caring adults.



Two-thirds of all Arkansas mothers with children under age five work.

Partnerships also help support parents who are working. Numerous studies have documented that when parents are worried about where their children are and what they are doing, they have less attention and energy to devote to their job. When child care provided by family, friends, or neighbors breaks down, many working parents miss work to care for their children. Relatives and friends may provide close supervision, but may lack the knowledge or resources to promote positive development and readiness for school. We know that children who start out behind their more advantaged peers are more likely to drop out of school, become involved with the juvenile justice system, and become teen parents. Entire communities are affected. And, the cycle is repeated.

Public-private partnerships are created when employers, foundations, civic groups, parents, and providers join with federal, state, and local officials and agencies to pursue common goals. All parties contribute time, resources, energy, creativity, and expertise. All parties benefit. Employers have found that public-private child care partnerships can assist in recruiting and retaining employees; reduce absenteeism and turnover; increase loyalty; and improve productivity.

Partnerships can also enable businesses to target services to areas where their employees live and work, promote equity in the delivery of services, and increase efficiencies in the delivery of services. In addition, public-private partnerships can improve planning by drawing on a variety of perspectives: stimulate interest in child care issues, leverage additional resources, and leverage political clout. Finally, public-private partnerships strengthen community services which in turn makes the community a better place to live and work.



Public-private partnerships have been a part of Arkansas' efforts to enhance school readiness among our most vulnerable children for several years. Our second general shared belief—"healthy communities support strong children and families"—builds on these partnerships and expands our efforts. Four key measures will determine our success.

- Develop partnerships with five communities each year and assist in creating customized strategic plans to develop high quality services for children and their families.
- Maintain county cap rates for child care reimbursements of at least 75 percent or higher.
- Develop and implement a robust public education campaign to inform parents and informal caregivers about the importance of the first five years and what they can do to promote early learning, including timeframes and deliverables.
- Develop and implement a robust campaign with a selected group of employers to inform them about the importance of quality early care and education, including economic benefits and the impact of the child care industry on Arkansas' economy.

The following details outline the steps we will take to achieve our belief.

About 45 percent of all three-and four-year olds are enrolled in nursery school, preschool, or kindergarten.



## Shared General Belief 2: Healthy communities

## support strong children and families.

### Specific Belief

Local communities are our partners in improving early care and education.

### Outcome

Increase community capacity to deliver high quality services to children and families.

### Measures

**Measure:** Develop partnerships with five communities each year and assist in creating customized strategic plans to develop high quality services for children and their families.

### Impact Measures

**Impact Measure 1:** Complete partnership agreements and development of strategic plans by July 2006.

**Measure:** Maintain county cap rates for child care reimbursements of at least 75% or higher.

**Impact Measure 1:** Obtain a 75% or higher provider response on annual market rate surveys by November of each year.

**Measure:** Develop and implement a robust public education campaign to inform parents and informal caregivers about the importance of the first five years and what they can do to promote early learning, including timeframes and deliverables.

**Impact Measure 1:** Complete implementation of the public awareness plan by January 2006.

**Measure:** Develop and implement a robust campaign with a selected group of employers to inform them about the importance of quality early care and education, including economic benefits and the impact of the child care industry on Arkansas' economy.

**Impact Measure 1:** Implement campaign by January 2006.

### Interventions

1. Identify model agreements and strategic plans from other states and communities.
2. Develop DCC/ECE Team to work with community planning teams.
3. Establish community planning teams.
4. Develop strategic planning guidelines.
5. Implement strategic plans in five communities annually.
6. Develop evaluation criteria to assess effectiveness.

1. Review current market rate survey methodology.
2. Perform a county-by-county analysis each year.
3. Publish a written report for analysis/historical purposes.
4. Develop a database system to assist in cap rate analysis.

1. Establish a steering committee in partnership with selected communities.
2. Review research on other campaigns and related public opinion research.
3. Conduct focus groups in selected communities.
4. Fully fund the campaign and its evaluation.
5. Implement the public education campaign.
6. Use evaluation to measure awareness and media encounters.

1. Work with Corporate Champions to identify selected employers.
2. Review research on campaigns in other states and communities.
3. Conduct focus groups with Corporate Champions.
4. Implement campaign with selected employers.
5. Encourage employers to give parents/caregivers paid leave to attend school conferences/parent meetings.
6. Create incentives for employers to pay a portion of the child care expense for employees.
7. Evaluate effectiveness.

About 38 percent of all 4th grade students scored below the basic level in math/science in 2000.

## Shared General Belief 3: Empowered clients and staff help themselves.

### *The Facts.*

- DCC/ECE has a total of 111 staff.<sup>29</sup>
- Professional development plans are in place for all division staff.<sup>30</sup>
- The division has a 31% minority staff.<sup>31</sup>
- About 52 of our staff have more than ten years of experience.<sup>32</sup>

### *The Research.*

Research indicates that characteristics of high performance organizations include the following.

- Participative leadership.
- Aligned on purpose.
- Task focused.
- Shared responsibility.
- Responsive.
- Communicative.
- Problem solving.

Organizations with these characteristics are focused on how well the expectations of key stakeholders are met, including customers, employees, funders, and the public. Such organizations also have shared beliefs, values, and principles that guide their day-to-day work.

### *The Context.*

The Division of Child Care and Early Childhood Education has identified four shared beliefs that will guide our work over the next five years. Building on a long history of comprehensive program and service reviews, efficient business practices, and effective resource management, we will embed these beliefs in our daily work.

Key to these beliefs becoming how we do our work are:

- Our rich cultural diversity and the wide range of experiences that our staff currently possess.
- Empowering staff to be flexible and creative—developing innovative solutions to identified and emerging needs.
- Creating a family-friendly environment that provides high quality professional development and leadership opportunities.

The details of how we will accomplish our third shared general belief—“empowered clients and staff help themselves”—are identified in the following chart.



## Shared General Belief 3: Empowered clients and

## staff help themselves.

### Specific Belief

Early child care and education partners are supported by a system of quality.

### Outcome

The “system” uses collaborative approaches to program planning and service delivery.

### Measures

**Measure:** 80 percent of clients and providers indicate they experience services as coordinated, effective, and meeting their needs.

**Measure:** Increase the number of clients that “graduate” from voucher services as a result of completion of a degree program or increased wages.

**Measure:** All employees have the training and skills necessary to do their jobs efficiently and effectively.

### Impact Measures

**Impact Measure 1:** Develop an integrated plan/program to better coordinate the delivery of services within DCC/ECE and the Division of County Operations (DCO) by November 2004.

**Impact Measure 1:** By January 2005, develop a baseline number by measuring data in the following areas:

- Number of cases closed due to missed appointments.
- Number of cases closed due to unavailability of needed information.
- Number of overpayments due to increase in income.
- Number of clients that complete degree programs.
- Number of clients that re-enter voucher services after case closure.
- Number of cases that closed due to earnings 10% above maximum.

**Impact Measure 1:** Establish a professional development team by October 2003.

**Impact Measure 2:** Conduct quarterly professional development sessions for supervisors, program managers, and program coordinators.

### Interventions

- Develop and conduct surveys of clients and providers.
- Enhance information sharing between DCC/ECE and DCO.
- Identify best practices in the provision of services.
- Define array of services to offer (e.g., vouchers, food stamps, earned income tax credit, health insurance, etc).
- Eliminate duplicative and contradictory services.
- Develop baseline database system to record survey results.
- Discuss findings with DCO and implement improvements to voucher services.

- Develop and conduct survey of clients by category of voucher services.
- Develop baseline database system to analyze survey results.
- Provide scale with 10% above maximum range to all eligibility specialists.
- Provide feedback to staff on survey results.
- Make recommendations for policy changes as needed.

- Establish a ten-person, cross-sectional DCC/ECE team.
- Develop an individual professional development plan for all DCC/ECE staff:
  - Develop an assessment instrument to identify training needs and menu.
  - Provide professional development opportunities to address identified needs.
  - Conduct annual assessment and evaluation of training plans.

- Design and host quarterly training sessions to enhance professional growth and team building.
  - Topics determined from menu developed by the cross-sectional team.
  - Resources will be drawn from trainers under DCC/ECE contract, DHS volunteers, certified public managers/DHS leadership, and others.

### Shared General Belief 3: Empowered clients and staff

help themselves.

#### Specific Belief

(Continued)  
Early child care and education partners are supported by a system of quality.

#### Outcome

(Continued)  
The “system” uses collaborative approaches to program planning and service delivery.

#### Measures

(Continued)  
All employees have the training and skills necessary to do their jobs efficiently and effectively.

#### Impact Measures

**Impact Measure 3:** Conduct semi-annual regional professional development sessions for all licensing and family support staff.

**Impact Measure 4:** Track professional development and continuing education hours for all DCC/ECE staff beginning February 2004.

**Impact Measure 5:** All new DCC/ECE employees will participate in division orientation within 90 days of hire.

#### Interventions

1. Convene regional sessions to share information about:
  - a. Administrative policies, procedures, and policy interpretations.
  - b. Cross-programming sharing.
  - c. Work-related skills such as time-management, customer satisfaction, and dealing with stress.
  - d. Other services that support children’s healthy development.
1. Add DCC/ECE staff to the Arkansas Early Childhood Professional Development Registry System.
  - a. Cross-sectional team identifies “core” training areas (e.g., leadership, advocacy, excellence in early care and education, etc).
  - b. Cross-sectional team develops a process to establish “mandatory” professional development for all DCC/ECE staff.
  - c. Cross-sectional team determines topics, number of hours, duration, and how individual professional development plans related to the employee appraisal system.
1. Use cross-sectional team to develop new employee orientation that highlights:
  - a. DCC/ECE vision, beliefs, goals, and outcomes.
  - b. DCC/ECE history.
  - c. Services provided.
  - d. Management team member.

## Shared General Belief 4: Providing high quality services that work is a shared responsibility.

### *The Facts.*

- About 12 percent of Arkansas' 181,585 children under age five are not covered by health insurance.<sup>33</sup>
- Only 74 percent of all two-year-olds are fully immunized.<sup>34</sup>
- According to national data, 7 to 22 percent of our youngest citizens have or are at risk of developing emotional and behavioral disorders. Of these, about 9 percent may have a severe disorder.<sup>35</sup>
- Nationally, about 6 percent of children between the ages of six and eleven receiving special education services had a primary diagnosis of emotional disturbance.<sup>36</sup>
- About 23 percent of children, birth to age five, are served by state and federal programs.<sup>37</sup>
- About 68 percent of children, birth to age five, need child care services while their parents are working.<sup>38</sup>



### *The Research.*

The research is clear. Children who are hungry or ill cannot concentrate on learning. In order for healthy development, children need good nutrition and access to on-going health and dental care. There is also a growing body of research that documents that healthy social and emotional development—e.g., being excited about learning, having confidence to try new things, understanding other people's feelings, getting along with others, and being able to control their emotions and behavior—are as important as children's intellectual skills.

Studies are also clear that measuring performance is essential to implementing programs that are based on solid evidence of success, e.g., "best practices." The literature on human services organizations indicates that success breeds success—both in terms of acquiring new resources and increasing program participation.

A majority of  
Arkansas  
voters believe  
a child's  
experiences  
during the first  
five years are  
important to  
their later  
ability to do  
well in school.



More than 72 percent of Arkansas citizens believe that the years under age five are the most important years for developing a child's capacity to learn.

### *The Context.*

Arkansas has worked diligently over the last five years to improve programs and services based on the research on effective practices. We are only one of three states that require three unannounced visits per year for each licensed child care center and child care family home. Centers and homes that are accredited or "quality approved" have increased dramatically—from 169 programs in 1996 to 391 in 2002-2003.

We have established the Arkansas Early Childhood Professional Development System, providing leadership and guidance in professional training and education for all early care professionals and the ability to track provider training courses and hours. The number of providers with a Child Development Associate Credential has increased from 168 in 1996 to more than 3,538 in 2002-2003.

Partnerships to increase provider training in early literacy have been established between the division and the Department of Education and Head Start. Information on how parents can enhance their children's development has been widely distributed. And, employers across the state have received "how to" kits explaining early childhood development, the role that quality child care plays in employee performance, and examples of employer-related child care benefits.

Finally, we have increased our efforts to prohibit and reduce fraud and abuse within the programs we are responsible for. New monitoring and accountability measures help ensure that funds are spent appropriately and where they will have the biggest impact.

Each of these accomplishments is designed to enhance quality and ensure that the services and programs that we provide meet the needs of the children and families that we serve. Yet, much remains to be done. Our fourth shared general belief—"providing high quality services that work is a shared responsibility"—is based on five initiatives to ensure that all Arkansas children are physically and mentally healthy. Three specific beliefs will guide this work.

- We must ensure children birth through age five and their families receive the necessary health care and mental health services to arrive at school with healthy minds and bodies.
- We must have high expectations of ourselves, our contractors, our providers, and the families that we serve.
- We must have continuous measurement of our outcomes and performance to improve accountability.

The following chart highlights the steps we will take to achieve these beliefs.



## Shared General Belief 4: Providing high quality services

## that work is a shared responsibility.

### Specific Belief

Children, birth through age 5, and their families will receive needed health care and mental health services to ensure they arrive at school with healthy minds and bodies.

### Outcome

Five division initiatives are jointly implemented with partners from other state agencies, foundations, and private and public entities.

### Measures

**Measure:** Five initiatives will involve diverse partners from outside DCC/ECE.

### Impact Measures

**Impact Measure 1:** Develop and implement a work plan to address infant and toddler issues via the National Infant Toddler Zero to 3 Initiative by December 2004.

**Impact Measure 2:** In coordination with the Arkansas Department of Health and other agencies, complete the planning phase of the Maternal and Child Health Early Childhood Comprehensive Systems Initiative for submission by July 2005.

**Impact Measure 3:** Analyze pilot project and develop an Early Childhood Mental Health Services Program implementation plan by January 2006.

**Impact Measure 4:** Establish key school readiness indicators and issue annual report beginning in April 2004.

**Impact Measure 5:** Increase the number of children receiving nutritious meals and snacks in the state by increasing the participation rate in the Special Nutrition Program by 15% each year.

### Interventions

1. Establish workgroup by June 2003.
2. Convene initial meeting by July 2003
3. Identify high priority areas and make assignments.
4. Perform continuous evaluation.
5. Develop workgroup timelines.

1. Convene core planning group to review work of other initiatives.
2. Establish workgroups for areas not currently addressed.
3. Identify priorities.
4. Perform continuous evaluation.
5. Ensure federal/state reporting requirements are met.
6. Upon completion of planning effort, submit the five year federal implementation grant and prepare for implementation.

1. Develop pilot projects.
2. Gather data on all counties that provide mental health services and support to children 0-5 and their families.
3. Review policies and programs targeting children 0-5 and identify gaps and areas of overlap.
4. Develop a mental health consultation plan for child care providers.
5. Provide in-service and pre-service training opportunities for professionals interested in early childhood mental health.
6. Monitor and evaluate progress.
7. Review progress and initiate legislation if necessary.

1. Reach consensus on key indicators.
2. Identify methods for collecting needed data.
3. Establish data collection procedures.
4. Ensure data is entered in the County-City-Community Level Information on Kids (CLIKS) Interactive System.
5. Develop draft of School Readiness Report and make adjustments.
6. Issue final Indicators Report statewide.

1. Identify areas within the state where there is no or limited participation (DCC/ECE and Arkansas Advocates Collaborative Report for 2001).
2. Identify barriers to participation.
3. Develop a communication plan for informing families about Special Nutrition Programs and participation requirements.
4. Participate in the state Nutrition Advisory Council.
5. Work with existing partners to develop "nutrition networks" of key leaders with an interest in food scarcity and childhood hunger.
6. Organize community meetings with identified key leaders.
7. Identify and conduct outreach to new participants.
8. Provide technical assistance and training on program requirements.



## Shared General Belief 4: Providing high quality services

## that work is a shared responsibility.

### Specific Belief

We have high expectations of ourselves, our contractors, our providers, and our staff.

### Outcome

Provide an array of effective services that support young children and their families.

### Measures

**Measure:** Reduce the number of families and children on the Low Income Waiting List by March 2004.

**Measure:** Complete an independent evaluation of the Arkansas Early Childhood Professional Development System by October 2006.

**Measure:** All community based child care resource and referral agencies will meet national Child Care Aware Quality Assurance Standards by June 2004.

### Impact Measures

**Impact Measure 1:** Applications for services will be processed within 30 days.

**Impact Measure 1:** Convene a steering committee to determine method of evaluation and assessment by October 2003.

**Impact Measure 1:** 100% of community based child care resource and referral agencies will meet national standards.

Continuous measurement of outcomes and performance improves accountability.

Operate the right services—those that young children and their families need—effectively and efficiently.

**Measure:** DCC/ECE will have a system that promotes, sufficiently funds, and holds accountable its core business efforts.

**Impact Measure 1:** Identify core business practices and develop a plan prioritizing them for improvement by January 2004.

**Impact Measure 2:** Annually produce an analytical report on future early care and education issues in Arkansas.

**Impact Measure 3:** Provide quarterly updates to the DCC/ECE Director on programs and services.

### Interventions

1. Identify and eliminate procedural barriers to client access to services.
2. Utilize unbudgeted Division of County Operations staff to process applications for new clients.
3. Identify opportunities for single-point-information about other services.
4. Develop strategies to distribute service information.

1. Staff and providers offer suggestions for evaluations and assessments.
2. Steering committee develops request for proposal by October 2004.
3. Evaluation begins in July 2005.
4. Final evaluation and assessment completed by July 2006.
5. Report with recommendations completed and distributed by October 2006.

1. Child Care Resource and Referral Grants for 2003/2004 require agencies to meet the national Child Care Aware Quality Assurance Standards by June 2004 to be eligible for funding.
2. Grantees will provide written quarterly narrative reports noting progress toward the standards.
3. Grantees will complete applications by January 2004.
4. DCC/ECE staff will conduct follow-up visits by June 2004 to ensure that standards have been met and that documentation is available from the grantee.

1. Establish performance measures.
2. Publish scorecards as appropriate.
3. Develop an Information Technology Modernization Plan to support current and future needs of the division (e.g. Fraud Database).

1. Establish a Steering Committee to identify report contents.
2. Review previous state research and models in other states.
3. Contract with the University of Arkansas-Little Rock to produce the report.
4. Refine DCC/ECE strategic plan to address future issues.

1. Determine briefing format.
2. Convene quarterly briefings.
3. Briefings will include "Top 10" issues:
  - a. Cost center financial reports (salaries, travel, rent).
  - b. Special Nutrition Program: number of monthly reviews, terminations, and overpayments.

## Interventions continued..

- c. Compliance Unit: Summary of service to billing audits and number of terminations/exclusions.
- d. Arkansas Better Chance (ABC) Summary Report.
- e. National Initiatives Monthly Report.
- f. Professional Development System Monthly Report.
- g. Voucher Waiting List Monthly Numbers.
- h. Client voucher applications received monthly.
- i. Licensing complaints by category.
- j. Number of adverse action requests approved.
4. Take action on Scorecard and Performance Results.
5. Capture “lessons learned” and disseminate to DCC/ECE staff via white papers, training, coaching, and mentoring.
6. Use performance measures as a tool for continuous improvement.

## Summary

This strategic plan challenges the Division of Child Care and Early Childhood Education to improve how we serve Arkansas’ children and their families by focusing on outcomes rather than processes. This challenge will be met by conducting detailed performance assessments to identify and adopt meaningful, quantitative measures of progress in achieving our long-term goals.

Annual “scorecards” will be developed and widely distributed to highlight our progress in implementing the strategies and steps. The scorecards will clearly articulate what we were supposed to do and whether we did. This on-going monitoring and reporting will let everyone know how effectively and efficiently we have stayed true to our shared beliefs of providing quality early care and education services for all Arkansas children and their families.



## Appendix A - Beliefs-Based Performance Management System

In August 2002, the Department of Human Services’ Division of Child Care and Early Childhood Education joined in partnership with The Casey Strategic Consulting Group to begin the process of developing a five-year framework for enhancing Arkansas’ programs and services that support young children and their families. This strategic planning process has resulted in a dynamic plan that will guide our work over the next several years.

The beliefs-based performance management (BBPM) system is a holistic approach to measuring, managing, and improving performance that taps individuals’ basic beliefs about their work and the work of their organization as a starting point for change. By illuminating the gap between the way things are and the way individuals believe they should be, BBPM refocuses the mission of the organization—and ultimately drives action in support of that mission.

The BBPM system is an approach to leading an organization—a way of using data and quantified outcomes to drive change and improve organizational performance. It focuses on quantifying desired outcomes and understanding the processes or activities that influence them directly. The ultimate goal of BBPM is to instill a commitment to organizational learning throughout an agency. Over time, an organization uses BBPM to set goals, use data, and make changes in practice based on continuous learning. BBPM differs from performance measurement. Performance measurement focuses on accounting—tracking inputs and outputs—while BBPM focuses on the following:

- Identify shared beliefs about an organization’s work that are held by management and staff and identify the outcomes that are consistent with those beliefs.
- Determine interventions capable of producing the desired outcomes as well as potential obstacles.
- Choose indicators that measure how well the organization produces the desired outcomes.
- Promote ongoing management processes that emphasize data analysis, measurement, and pilot testing whereby it continuously improves an organization’s understanding of effective interventions and performance measures.
- Implement interventions that move an organization’s performance closer to its shared beliefs.
- Perform data analysis, pilot testing, and implementation of additional interventions (this step is repeated as necessary).

Taken together, this process enables organizations to transform shared beliefs into better outcomes in the field. BBPM helps leaders and managers clearly identify organizational goals and assess whether current policy and practice adequately promotes what can be thought of as the “right work.”

## Appendix A - Beliefs-Based Performance Management System

The components of a BBPM process are defined as follows.

A **General Belief** is a broad, “in your face” statement that implicitly questions accepted norms. It speaks to the question “Are we doing the right work? And it represents a call to action.”

A **Specific Belief** is a specific, illustrative (but not exhaustive) statement indicating a fundamental belief we hold about the work. It speaks to the outcome associated with doing the “right work.”

An **Outcome** is a service or system endpoint or result that honors general and/or specific beliefs.

An **Intermediate Outcome** is an event or accomplishment that contributes logically to the desired outcome. An intermediate outcome is suggestive of strategies for accomplishing the outcome.

A **Measure** is a countable or quantifiable event signifying the attainment of a service or system endpoints.

An **Impact Measure** is a statistic that quantifies the attainment of intermediate outcomes.

An **Intervention** is a service or activity that produces intermediate outcomes and, by extension, outcomes. It also is an action that a worker can take in order to move toward the desired outcome.

## Appendix B - Quality Child Care and Early Childhood Education

Numerous studies have documented the components of high quality child care and other early care and education programs. The National Association for the Education of Young Children (NAEYC) identifies high quality early childhood programs as those that “meets the needs of and promotes the physical, social, emotional, and cognitive development of the children and adults—parents, staff, and administrators—who are involved in the programs.” There are a number of characteristics associated with high quality programs. The Association recommends the following criteria.

1. **Children in the program are generally comfortable, relaxed, and happy, and involved in play and other activities.** Happy, relaxed children who are enjoying themselves as they play and learn are one of the best signs of a good program. Children of all age groups should have an ample variety of materials.
2. **Programs should have sufficient numbers of adults with specialized training in early childhood development and education.** The younger the child, the more individualized attention is needed. The NAEYC recommends that all groups have at least two teachers. Infants should be in groups of no more than 6 to 8 children; 2- to 3-year-olds should be in groups of 10 to 14 children; and 4- to 5-year-olds should be in groups of 16 to 20 children. Specialized training in child development and early education helps assure that staff understands how children grow and learn so they can be more effective teachers and caregivers.
3. **Adult expectations should vary appropriately for children of differing ages and interests.** Groups for infants and toddlers will look quite different from groups for older children. Toys and materials should vary by age as should teachers’ expectations for children. In addition, teachers and caregivers should recognize and respect individual differences in children’s abilities, interests, and preferences.
4. **All areas of a child’s development should be equally stressed, with time and attention being devoted to cognitive development, social, and emotional development, and physical development.** High quality early childhood programs do much more than help children learn numbers, shapes, and colors. Good programs help children learn how to learn: to question why and discover alternative answers; to get along with others; and to use their developing language, thinking, and motor skills.
5. **Staff should meet regularly to plan and evaluate the program.** Planning should reflect a balance of activities between vigorous outdoor play and quiet indoor play. Activities should allow ample time for children to work and play individually or in small groups, with the focus on activities that are child initiated as opposed to teacher directed. Flexibility, however, is also key. Staff should be willing to adjust the daily activities to meet children’s individual needs and interests.
6. **Parents should be welcome to observe, discuss policies, make suggestions, and participate in the work of the program.** Close communication between parents and staff is vital. Staff should regularly discuss highlights of the child’s experiences with parents and show respect for families of varying cultures and backgrounds.

## References

- <sup>1</sup> Arkansas Kids Count Coalition. "What Every Child Needs . . . Child Care & Early Childhood Education." Little Rock, AR: Arkansas Advocates for Children, 2003.
- <sup>2</sup> Ibid.
- <sup>3</sup> Ibid.
- <sup>4</sup> Ibid.
- <sup>5</sup> Annie E. Casey Foundation. *Kids Count Data Book Online*. Baltimore, MD: Annie E. Casey Foundation, 2003.
- <sup>6</sup> Ibid.
- <sup>7</sup> Arkansas Kids Count Coalition. "What Every Child Needs . . . Child Care & Early Childhood Education." Little Rock, AR: Arkansas Advocates for Children, 2003.
- <sup>8</sup> Ibid.
- <sup>9</sup> Ibid.
- <sup>10</sup> Ibid.
- <sup>11</sup> National Research Council. Shonkoff, J. and Phillips, D.A. (Eds.). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press, 2000.
- <sup>12</sup> Hawley, T. I. *Starting Smart: How Early Experiences Affect Brain Development*. Chicago, IL: Ounce of Prevention Fund and Zero to Three, 1998.
- <sup>13</sup> National Research Council. Shonkoff, J. and Phillips, D.A. (Eds.). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press, 2000.
- <sup>14</sup> Karoly, L.A., Greenwood, P.W., Everingham, S.S., Hoube, J., Kilburn, M.R., Rydell, C.P., Sanders, M., and Chiesa, J. *Investing In Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*. Santa Monica, CA: RAND, 1998.
- <sup>15</sup> Heckman, J.J. *Invest in the Very Young*. Chicago, IL: Ounce of Prevention Fund and University of Chicago, 2003.
- <sup>16</sup> Ibid.
- <sup>17</sup> Arkansas Kids Count Coalition. "What Every Child Needs . . . Child Care & Early Childhood Education." Little Rock, AR: Arkansas Advocates for Children, 2003.
- <sup>18</sup> Giannarelli, L. and Schmidt, S.A. *Getting Help with Child Care Expenses*. Washington, D. C.: Urban Institute, 2003.
- <sup>19</sup> Sonenstein, R.L., Gates, G., Schmidt, S.R., Bolshan, N. *Primary Child Care Arrangements of Employed Parents*. Washington, D.C.: Urban Institute, 2002.
- <sup>20</sup> Arkansas Kids Count Coalition. "What Every Child Needs . . . Child Care & Early Childhood Education." Little Rock, AR: Arkansas Advocates for Children, 2003.
- <sup>21</sup> Ibid.
- <sup>22</sup> Ibid.
- <sup>23</sup> Ibid.
- <sup>24</sup> Annie E. Casey Foundation. *Kids Count Data Book Online*. Baltimore, MD: Annie E. Casey Foundation, 2003.
- <sup>25</sup> Ibid.
- <sup>26</sup> Ibid.
- <sup>27</sup> Ibid.
- <sup>28</sup> Hare, W. and Mather, M. *The Growing Number of Kids in Severely Distressed Neighborhoods: Evidence from the 2000 Census*. Baltimore, MD: Annie E. Casey Foundation and the Population Reference Bureau, 2003.
- <sup>29</sup> Division of Child Care and Early Childhood Education, 2003.
- <sup>30</sup> Ibid.
- <sup>31</sup> Ibid.
- <sup>32</sup> Ibid.
- <sup>33</sup> Annie E. Casey Foundation. *Kids Count Data Book Online*. Baltimore, MD: Annie E. Casey Foundation, 2003.
- <sup>34</sup> Ibid.

## References

- <sup>35</sup> Knitzer, J. "Early Childhood Mental Health Services: A Policy and Systems Development Perspective," in *Handbook of Early Childhood Intervention*. Shonkoff, J.P. and Meisels, S.J. (Eds.). Cambridge, MA: Cambridge University Press, 2000.
- <sup>36</sup> Casas, P. *Toward the ABCs: Building a Healthy Social and Emotional Foundation for Learning and Living*. Chicago, IL: Ounce of Prevention Fund, 2001.
- <sup>37</sup> Arkansas Department of Human Services. *Child Care Issues*. Little Rock, AR: Arkansas Department of Human Services, 2002.
- <sup>38</sup> Ibid.



## **Department of Human Services Division of Child Care and Early Childhood Education**

---

<b>Kurt Knickrehm</b>	<b>DHS Director</b>
<b>Janie Huddleston</b>	<b>Director of Division of Child Care and Early Childhood Education</b>
<b>Jimmy Fields</b>	<b>DCC/ECE Chief Financial Officer</b>

### **Senior Leadership Team**

<b>Curtis Curry</b>	<b>Mike Saxby</b>
<b>David Griffin</b>	<b>Tom Sheppard</b>
<b>Tim Lampe</b>	<b>Kathy Stegall</b>

### **Special thanks and acknowledgement to:**

**Divisional management and all divisional employees for their input and work towards development, implementation, and accountability for making this plan a reality.**

**State Early Childhood Policy Technical Assistance Network**  
**Charlie Bruner, Director**  
**Linda McCart - Research, Writing, and Editing**

**Jennifer Spriggs - Creative Design**

**January 2004**